

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Todd R. Golub, Eric S. Lander, Scott Pomeroy and Pablo Tamayo

Application No.: 10/066,305 Group: 1642

Filed: January 31, 2002 Examiner: K. Canella

Confirmation No.: 2026

For: BRAIN TUMOR DIAGNOSIS AND OUTCOME PREDICTION

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for filing in the above-identified application.

[] Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.

[] A Small Entity Statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

The fee has been calculated as shown below:

| | (COL. 1) | | (COL. 2) | (COL. 3) |
|--|---|-------|---------------------------------------|------------------|
| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NO. PREVIOUSLY PAID FOR | PRESENT EXTRA |
| TOTAL | 23 | MINUS | * 33 | 0 |
| INDEP | 6 | MINUS | ** 7 | 0 |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | | |

* not fewer than 20
** not fewer than 3

SMALL ENTITY

| | RATE | ADDIT. FEE |
|---|-------|---------------|
| X | \$9 | \$ |
| X | \$42 | \$ |
| + | \$140 | \$ |

TOTAL = \$ 0

OTHER THAN
SMALL ENTITY

| | RATE | ADDIT. FEE |
|---|-------|---------------|
| X | \$18 | \$ 0 |
| X | \$84 | \$ 0 |
| + | \$280 | \$ |

TOTAL = \$ 0

Please charge Deposit Account No. 08-0380 for the following fees:

| | | | |
|-------------------------------------|---|----|-------------------|
| <input checked="" type="checkbox"/> | Petition for three month Extension of Time | \$ | <u>930</u> |
| <input type="checkbox"/> | Amendment Fee | \$ | <u> </u> |
| <input type="checkbox"/> | Other Fees: | | |
| | <u> </u> | \$ | <u> </u> |
| | <u> </u> | \$ | <u> </u> |
| | TOTAL: | \$ | <u>930</u> |

A check is enclosed in payment of the following fees:

| | | |
|--------------------------|---|-------------|
| <input type="checkbox"/> | Petition for [] month Extension of Time | \$ _____ |
| <input type="checkbox"/> | Amendment Fee | \$ _____ |
| <input type="checkbox"/> | Other Fees: | |
| | _____ | \$ _____ |
| | _____ | \$ _____ |
| | TOTAL: | \$ <u>0</u> |

☒ A general authorization is hereby granted to charge Deposit Account No. 08-0380 for any fees required under 37 C.F.R. 1.16 and 1.17 in order to maintain pendency of this application. A copy of this authorization is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

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Dated: